

**Form 17 – Notification of Death Form –
Other Medical Practitioner**

Section 81 *Voluntary Assisted Dying Act 2021* (Qld)

Instructions for completing this form

About this form

This form must be completed by a medical practitioner who is **not** the person's coordinating practitioner or administering practitioner and who:

- is required to complete a cause of death certificate for a person; and
- knows or reasonably believes that the person self-administered, or was administered, a voluntary assisted dying substance under the *Voluntary Assisted Dying Act 2021* (the Act).

This form must be given to the Voluntary Assisted Dying Review Board to ensure compliance with the Act. It is not a medical record.

Note:

- The Act prohibits any reference to voluntary assisted dying being made in the cause of death certificate. The cause of death certificate must state that the cause of death was the disease, illness, or medical condition from which the person suffered ([section 81\(3\)](#) of the Act).
- If the coordinating practitioner completes the cause of death certificate, they must complete Form 16 – Notification of Death Form – Coordinating practitioner / Administering practitioner instead of this form.
- If the person was administered a voluntary assisted dying substance by the administering practitioner, the administering practitioner must complete Form 11 – Practitioner Administration Form instead of this form.

What you need to do

Within **two (2) business days** of becoming aware that the person has died, you must:

1. **Complete** this form
2. **Give** a copy of the completed form to the Voluntary Assisted Dying Review Board.

Note: Submitting this form via the [QVAD Review Board IMS](#) is considered giving a copy to the Voluntary Assisted Dying Review Board.

How to complete and submit this form

You do not require access to the QVAD Review Board IMS to submit this form. You will need:

- A working printer
- The ability to scan.
- 1. **Complete** the form online
- 2. **Print** the form
- 3. **Sign** Part E of the form
- 4. **Scan** the entire form (not just the signature page)
- 5. **Upload** the form to the QVAD Review Board IMS.

If you do not have the technology available to scan the form please contact the Office of the Voluntary Assisted Dying Review Board by email at VADReviewBoard@health.qld.gov.au

A. 1. Deceased person's information

1.1 VCASE Number (if known):	
1.2 Title:	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mx <input type="checkbox"/> Other (please specify):
1.3 Family name:	
1.4 Given name:	
1.5 Preferred name(s):	
1.6 Date of birth:	

2. Home address

2.1 Address line 1: Street address	
2.2 Address line 2: Apartment, suite, unit etc.	
2.3 Suburb:	
2.4 State:	
2.5 Postcode:	

B. 3. Medical practitioner information

3.1 VAD practitioner ID (if applicable):	
3.2 Ahpra registration number:	
3.3 Title:	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mx <input type="checkbox"/> Other (please specify):
3.4 Family name:	
3.5 Given name:	
3.6 Practice postcode:	

4. Contact details

4.1 Phone number:	
4.2 Email address:	

5. Preferred mailing address

5.1 Address line 1: Street address, P.O. box etc.	
5.2 Address line 2: Apartment, suite, unit etc.	
5.3 Suburb:	
5.4 State:	
5.5 Postcode:	

C. 6. Coordinating practitioner information (if known)

6.1 VAD practitioner ID (if known):	
6.2 Title:	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mx <input type="checkbox"/> Other (please specify):
6.3 Family name:	
6.4 Given name:	

D. 7. Person's death

7.1 Date of person's death: DD/MM/YYYY

7.2 Date became aware of person's death: DD/MM/YYYY

7.3 Date of completion of cause of death certificate: DD/MM/YYYY

7.4 Location of person's death (if known):

- Person's private residence
- Other private residence (e.g. home of family or friend of person)
- Hospital - public
- Hospital - private
- Palliative Care Unit - public
- Palliative Care Unit - private
- Hospice
- 7.4a Other (please specify):

I know or reasonably believe that the person:

- 7.5 self-administered a voluntary assisted dying substance in accordance with the *Voluntary Assisted Dying Act 2021*.
- 7.6 was administered a voluntary assisted dying substance in accordance with the *Voluntary Assisted Dying Act 2021*.

7.7 Further details (if required):

Note: the below information is for data collection and analysis purposes only.

7.8 If the person died via self-administration, were any concerns raised about the administration process or the death (if known)?

E. Signature of medical practitioner

Signature: _____

Print name: _____

Date: DD/MM/YYYY _____

Collection Notice

The Department of Health and Hospital and Health Services (referred collectively as ‘Queensland Health’) and the Queensland Voluntary Assisted Dying Review Board (the Review Board), as part of the Department of Health, is collecting your information in accordance with the *Voluntary Assisted Dying Act 2021* (VAD Act) section 118 (2) in order for the Review Board to fulfill its functions under the VAD Act. Personal information collected by Queensland Health is handled in accordance with the *Information Privacy Act 2009*.

Queensland Health collects personal information from healthcare workers involved in the provision of voluntary assisted dying services via submission of approved forms to the Review Board, as required under the VAD Act. The personal information provided by you may be given to registered health practitioners authorised under the VAD Act; Queensland Voluntary Assisted Dying Support Service, Queensland Voluntary Assisted Dying Pharmacy Service; other healthcare workers involved in the provision of voluntary assisted dying services; and the person’s nominated contact person, to facilitate operations under the VAD Act.

If the personal information is not collected Queensland Health cannot provide this service. Your personal information will not be disclosed to other third parties without consent, unless the disclosure is authorised or required by or under law.

For any questions regarding this collection notice, please contact the Office of the Voluntary Assisted Dying Review Board via email: VADReviewBoard@Health.qld.gov.au.

For information about how Queensland Health protects your personal information, how to access or correct your own personal information, or how to make a complaint about a breach of the privacy principles and learn how we deal with such a complaint, please refer to:

- The Department of Health’s [Privacy Policy](#).
- Each Hospital and Health Service (HHS) has its own Privacy Policy. You can access HHS Privacy Policies by following the links on the [About Hospital and Health Services](#) page.